



State of Utah
Department of Human Resource Management

RESPONSE TO EMPLOYEE FMLA REQUEST

DATE: _____

TO: _____

(Employee's Name)

FROM: _____

(Agency)

On _____, we were notified of your need to take leave due to:

- ☐ The birth of your child, or the placement of a child with you for adoption or foster care
- ☐ A serious health condition making you unable to perform the essential functions of your job
- ☐ A serious health condition affecting your ___ spouse, ___ child, ___ parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you expect leave to end on or before _____.

Based upon information provided to us at the time of your leave request, your request for leave has been considered for eligibility under the Family & Medical Leave Act (1993).

Except as explained below, you have a right under the FMLA for up to 12 weeks of leave each calendar year for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave. If you do not return to work following unpaid FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you will be required to reimburse the State for its share of health insurance premiums paid on your behalf during your FMLA leave – if your leave was unpaid (LWOP).

This is to inform you that you are:

1.
 - ☐ **Eligible** for FMLA leave; **OR**,
 - ☐ **Eligible** (pending receipt of proper medical certification) **for provisional leave** under the FMLA.
2. If eligible for leave under the FMLA, your total used leave will be counted against your annual FMLA leave entitlement.
3. If you are required to furnish medical certification of a serious health condition (see box below), you must furnish said certification by _____. This certification must be provided at least 15 days after you are notified of this requirement or we may delay the commencement of your leave until the certification is submitted.
 - ☐ Medical certification required
 - ☐ No medical certification necessary

4. Unless your absence is covered by Worker's Compensation, you will be required to substitute accrued paid leave for unpaid FMLA leave as outline below. The requirements for using paid leave will be as stated under the following conditions:
- a) All annual leave, converted sick leave, and excess hours will be required for any qualifying FMLA leave event;
 - b) Sick leave may be required only when the leave request is to care for a spouse, child, or other dependent, who lives in your home, OR for your own serious health condition.
 - c) For Worker's Compensation situations, only sick leave should be used until a final decision is made, determining your eligibility for Worker's Compensation benefits. If you are approved to receive a Worker's Compensation benefit, you must elect to receive either Worker's Compensation benefits or paid leave.
5. If you normally pay a portion of the premium for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments at the beginning of each pay period (OR as arranged with Group Insurance).
- a) You have a minimum 30-day grace period in which to make premium payments. If timely payment is not made, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
 - ☐ We **will** pay your share of health insurance premiums while you are on leave.
 - ☐ We **will not** pay your share of health insurance premiums while you are on leave.
 - b) We will not do the same with other benefits (e.g. life insurance, disability insurance, etc.) while you are on FMLA leave. If you desire to maintain these benefits while on FMLA leave, you will be responsible for paying the full premiums associated with the particular benefit(s) for which you wish to continue coverage.
6. You may be required to present a fitness-for-duty certificate (see below) prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.
- ☐ You **will** be required to present a fitness-for-duty certificate.
 - ☐ You **will not** be required to present a fitness-for-duty certificate.
7. While on leave you may be required to furnish us with periodic reports of your status and intent to return to work every _____ (*indicate interval of periodic reports, as appropriate for the particular leave situation*) (*also see 825.309 of the FMLA regulations*).
- ☐ You **will** be required to furnish status reports.
 - ☐ You **will not** be required to furnish status reports.
- If the circumstances of your leave change and you are able to return to work earlier than the date indicated,
- ☐ You **will** be required to notify us at least two working days prior returning to work.
 - ☐ You **will not** be required to notify us at least two working days prior to returning to work.
- 8.
- ☐ You will be required to furnish recertification relating to a serious health condition.
 - ☐ You will not be required to furnish recertification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in 825.308 of the FMLA regulations.*)

9. You will have used _____ weeks of the twelve weeks you are entitled to use in a calendar year. You would have an additional _____ weeks remaining that may be covered under the Family Medical Leave Act.